

# Ramallah Trip Reservation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Passport # \_\_\_\_\_ Exp Date: \_\_\_\_\_

West Bank I.D. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

## **Deposit (Non- Refundable) \$100.00 USD**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send all payments to AFRP Headquarter Office by October 24, 2013  
(NO EXCEMPTIONS)**

AFRP  
27484 Ann Arbor Trail  
Westland, MI 48185

\*Make checks payable to AFRP

*If you would like trip cancellation insurance it must be purchased by the individual, the AFRP is not responsible for trip cancellations due to unforeseen circumstances.*

**ANY QUESTIONS PLEASE CALL GEORGE SABA AT 313-215-1780**